

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

174
683

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Saldivar (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth December 22 1930
Month Day Year

8. FATHER
Full name Maximiliano Saldivar

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Denise

10. Color or race Mexican 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Nochistlan
(State or country) Bahtexas Mexico

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Guadalupe E. Garza

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Denise

16. Color or race Mexican 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Nochistlan
(State or country) Bahtexas Mexico

19. Occupation
Nature of industry Domestic

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Juanita Martinez
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed Dec 25, 19 30 C. E. Drinn
Registrar. Registrar.

122-1222-751